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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a DIV of 09/747,066 12/21/2000 PAT 6,821,277  
which claims benefit of 60/213,385 06/23/2000

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 01/24/2004

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY CA	DRAWING 16	CLAIMS 2	CLAIMS 1
Verified and Acknowledged	Examiner's Signature	Initials		

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## TITLE

PERCUTANEOUS VERTEBRAL FUSION SYSTEM

FILING FEE  RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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